



**Thomas P. O'Neill, Jr. Federal Building
Washington, DC
December 2, 2015**

Meeting Summary

Members in Attendance

Department of Defense (DOD)

Larry Sipos, M.B.A., Acting Deputy Assistant Secretary of Defense for Force Health Protection and Readiness

Department of Health and Human Services (HHS)

Edward J. Gabriel, M.P.A., Office of the Assistant Secretary for Preparedness and Response;
Federal Interagency Committee on EMS (FICEMS) Chair

Beth Edgerton, M.D., M.P.H., Health Resources and Services Administration (HRSA)

Capt. Deborah Levy, Ph.D., M.P.H., Office of Public Health Preparedness and Emergency
Response, Centers for Disease Control and Prevention (by telephone)

Gregg Margolis, Ph.D., Office of the Assistant Secretary of Preparedness and Response (ASPR)

Jean K. Sheil, Emergency Preparedness and Response Operations, Centers for Medicare &
Medicaid Services (CMS)

Celissa Stephens, R.N., M.S.N., Indian Health Service

Department of Homeland Security (DHS)

Kathryn Brinsfield, M.D., M.P.H., Assistant Secretary and Chief Medical Officer of Health
Affairs

Department of Transportation (DOT)

Blair Anderson, National Highway Traffic Safety Administration (NHTSA)

Jeff Michael, Ed.D., NHTSA

Federal Communications Commission (FCC)

David Furth, J.D., Public Safety and Homeland Security Bureau

State Emergency Medical Services (EMS) Directors

Joseph Schmider, Texas State EMS Director

Welcome, Introductions, and Opening Remarks

Ed Gabriel, FICEMS Chair

Mr. Gabriel called the meeting to order at 12:34 pm. He welcomed FICEMS members and National EMS Advisory Council (NEMSAC) members to this meeting.

Review and Approval of August 12, 2015, FICEMS Meeting Summary

FICEMS members voted unanimously to approve the August 12, 2015, FICEMS meeting summary.

NEMSAC Report

John Sinclair, NEMSAC Chair

Most NEMSAC members are new to the council. During its December 1–2 meeting, the council toured the HHS secretary's operations center. NEMSAC also received briefings from Dr. Edgerton on the Pediatric Emergency Care Applied Research Network (PECARN) and from Dr. Stephen Higgins of NHTSA about a new 2-year study on the impact of fatigue on EMS workers. NEMSAC has formed six committees to develop actionable recommendations for DOT and FICEMS:

- Innovative Practices of EMS Workforce
- Data Integration & Technology
- Patient Care, Quality Improvement & General Safety
- Provider and Community Education
- Funding and Reimbursement
- Ad Hoc Committee on Recognition of EMS Personnel Licensure Interstate Compact (REPLICA)

Mr. Anderson thanked Mr. Sinclair and NEMSAC for all of their hard work. He added that NHTSA is currently studying drowsy drivers. Mr. Gabriel said that NEMSAC's agenda is ambitious, and he asked NEMSAC to let FICEMS know if the committee can help in any way.

Technical Working Group (TWG) Committee Reports

Noah Smith, MPH, NHTSA

Mr. Gabriel explained that the TWG, whose cochairs are Dr. Margolis and Michael Brown from NHTSA, is made up of members of FICEMS and representatives of several federal agencies. The TWG committees are working to implement the highest-priority objectives in the FICEMS 2013 strategic plan.

Mr. Smith stated that the FICEMS strategic plan contains one overarching goal, to work to achieve the six EMS system goals described in the plan by coordinating interagency policies, programming, and messaging and by soliciting and integrating stakeholder input from across the EMS community. The plan includes six system goals and 30 strategic objectives

NEMSAC assigned priorities to the FICEMS strategic objectives and asked FICEMS to address the short-term, high-priority objectives first. The TWG committees are currently addressing 23 strategic objectives and have begun planning activities to address five others. Only two objectives have not received focused attention from FICEMS to date.

Some federal government activities are addressing some of the objectives but these activities do not fall within the purview of any of the TWG committees. FICEMS coordinates these activities to prevent duplication and ensure that these activities and those of FICEMS are complementary.

Data Standards and Exchange

Susan McHenry, M.S., NHTSA

Ms. McHenry, who cochairs this committee with Rachel Abbey of the Office of the National Coordinator for Health Information Technology, reported that the committee has made progress in addressing objective 2.2 (promote standardization and quality improvement of prehospital EMS data by supporting the adoption and implementation of systems that are compliant with the National EMS Information System [NEMSIS]).

The committee has developed RACI (responsible, accountable, consulted, informed) matrices for objectives 2.4 (improve linkages between NEMSIS data and other databases) and 4.1 (foster EMS participation in regional and state health information exchanges). A great deal of activity related to both objectives is already underway.

Mr. Anderson made a motion to approve a letter signed by Mr. Gabriel asking federal agencies to include language supporting implementation of the newest version of NEMSIS in future EMS-related grant guidance. Mr. Schmider seconded, and FICEMS approved the motion unanimously.

Preparedness

Kevin Horahan, J.D., M.P.H., ASPR

This committee, which Mr. Horahan cochairs with Gamunu Wijetunge of NHTSA, is addressing objective 3.3 (improve EMS system preparedness for all hazards through coordinated multidisciplinary planning), which is a NEMSAC priority. The committee is refining its draft standard operating procedures for sharing preparedness and response information with FICEMS. The committee has also discussed how to incorporate the discussion that followed publication of the *Emergency Medical Services Domestic Preparedness Improvement Strategy* by the National Association of State EMS Officials (NASEMSO) into the new EMS Agenda for the Future. DOD has produced a draft white paper exploring national standards for mass-casualty patient tracking that the TWG plans to share with FICEMS.

Discussion

Mr. Gabriel suggested that NEMSAC review the FICEMS Model Uniform Core Criteria for Mass Casualty Incident Triage.

Ray Mollers, M.S.A., of DHS commented on the importance of addressing active shooters. Several recent initiatives that address this topic are:

- *First Responder Guide for Improving Survivability in Improvised Explosive Device and/or Active Shooter Incidents* published by DHS
- *Efficacy of Prehospital Application of Tourniquets and Hemostatic Dressings to Control Traumatic External Hemorrhage* published by NHTSA
- Hartford Consensus Statement
- Stop the Bleed Campaign sponsored by DHS

Efforts to improved integrated responses include the InterAgency Board report, *Improving Active Shooter/Hostile Event Response; Best Practices and Recommendations for Integrating Law Enforcement, Fire, and EMS*. In addition, the InterAgency Board is drafting a report on protective equipment, and the DHS Office of Health Affairs has published a list of resources for hostile event responses.

In response to a question from Mr. Gabriel, Mr. Mollers said that the new guidelines on tourniquet use will require a change in the basic life-support and advanced life-support curricula. Dr. Brinsfield added that tourniquet use is standard of care according to the new American College of Surgeons guidelines. Mr. Gabriel said that if FICEMS and physicians support the new guidelines, education programs will change and tourniquet use will become standard practice. Mr. Gabriel suggested that the Preparedness Committee examine this issue.

Evidence-Based Practice and Quality

Beth Edgerton, M.D., M.P.H.,

Dr. Edgerton cochairs this committee with Cathy Gotschall, Sc.D., of NHTSA. This group is ensuring that the National Prehospital Evidence-Based Guideline Model Process is integrated into practice and evaluating its impact on quality of care at the regional level. HRSA has provided funding to roll out evidence-based prehospital protocols and determine their impact in six states. The EMS for Children (EMSC) has Targeted Issues grants to address objective 2.3 (develop relationships to support the development of scientific evidence for prehospital care) by promoting the development and testing of evidence-based guidelines and their impact on care. PECARN also falls under this objective, and the National Institutes of Health is developing an adult version of PECARN, Strategies to Innovate EmeRgENcy Care Clinical Trials (SIREN). The Prehospital Guidelines Consortium created a model for developing protocols and a library of EMS guidelines for practitioners.

For objective 4.4 (apply lessons learned from military and civilian incidents to EMS), NHTSA is funding an American College of Surgeons conference, Innovations in Trauma Care, that will disseminate findings from the upcoming Institute of Medicine report on military trauma care's learning health system and its translation to the civilian sector.

Workforce and Veterans Credentialing

Ray Mollers, M.S.A., DHS

Mr. Mollers, who cochairs this new committee with Mr. Schmider, said that this group is still developing its priorities and creating a work plan to address two objectives: 6.2 (support state, territorial and tribal efforts to enhance interstate legal recognition and reciprocity of EMS personnel) and 6.3 (work with state EMS offices to support the transition of military EMS providers to civilian practice).

Two states, Texas and Colorado, have now signed REPLICA into law, and another 8–10 have had an action or have a pending action. NEMSAC has formed an ad hoc REPLICA committee that will develop recommendations for FICEMS. NHTSA is exploring options for examining military medic to civilian paramedic (“bridge”) programs. The committee plans to consider incentives for military service members to transition to the civilian EMS field, such as pathways from EMS to careers in nursing and medicine. The committee is also investigating several EMS specialties, such as tactical EMS. NHTSA has a cooperative agreement with NASEMSO to develop an overarching pathway, and the committee will discuss how federal agencies can advance this pathway.

Safety

Jennifer Marshall, National Institute of Standards and Technology

This committee, cochaired by Ms. Marshall and David Bryson of NHTSA, is coordinating its work on its two primary objectives—5.1 (promote the reporting, measurement, prevention, and mitigation of occupational injuries, deaths, and exposures to serious infectious illnesses in the EMS workforce) and 5.3 (support the development and use of anonymous reporting systems to record and evaluate medical errors, adverse events, and “near misses”)—with the Data Standards and Exchange Committee. The Safety Committee would like a Food and Drug Administration representative to provide details on its medical device reporting system, which covers several devices used in EMS.

Although many activities currently focus on EMS practitioner safety, the breadth of patient safety efforts in the field is unknown. The Safety Committee continues to collaborate with the Data Exchange Committee, and Ms. Marshall plans to stay updated on the committee’s activities related to EMS-related guidance on active-shooter protection.

Discussion

Ms. Sheil made a motion to approve the Safety Committee’s RACI matrix, and Dr. Edgerton seconded. The motion carried unanimously.

Mr. Gabriel suggested that the committee connect with the DHS Science and Technology Directorate, which is addressing ambulance safety.

Acceptance of Committee Reports

Mr. Furth made a motion to accept all of the committee reports, and Mr. Sipos seconded. The motion carried unanimously.

EMS for Children Update

Beth Edgerton, M.D., M.P.H., HRSA

EMSC State Partnership Grant programs in 58 states and territories report on their performance every 2–3 years based on a set of performance measures focused on pediatrics. The EMSC has new performance measures that address skill checking on pediatric equipment, pediatric emergency care coordination, and submission of NEMSIS version 3 data. The public has been asked to comment on these measures, and the EMSC will roll out the final versions in 2017.

The EMSC offers Targeted Issue grants to address issues of national significance with the potential to improve practice in the field. Current grants include a community paramedicine asthma intervention and development of a mobile application that will help EMS providers assist families coping with a pediatric death. PECARN conducts multi-institutional research on prevention and management of acute illnesses and injuries in children. The State Partnership Regionalization of Care grants are implementing regionalized health-care delivery systems to ensure that patients receive the right resources at the right time. The EMSC Innovation and Improvement Center supports the expansion and improvement of EMS for children who need treatment for trauma or critical care.

Other Emerging Issues in EMS from Federal Agencies and Agency Updates

Gregg Margolis, Ph.D., ASPR

The Technical Resources, Assistance Center, and Information Exchange (TRACIE; <https://asprtracie.hhs.gov>) provides the following services and resources:

- Technical Resources: A self-service collection of disaster medical, health-care, and public-health-preparedness materials
- Assistance Center: One-on-one support from technical assistance specialists
- Information Exchange: User-restricted, peer-to-peer discussion board

Subject matter experts have vetted all of the information in the Technical Resources, and users can rate and comment on the resources provided through the site. Dr. Margolis encouraged all FICEMS members to subscribe to the TRACIE email list and to register for the site.

The emPOWER Map (<http://www.phe.gov/empowermap>) allows hospitals, first responders, electric companies, and community members to determine the number of Medicare beneficiaries who use electricity-dependent durable medical equipment at home in a given state, territory, county, or zip code. These individuals are particularly vulnerable during power outages. The maps can also identify areas and populations at risk of power outages due to current weather. During disasters and public-health emergencies, ASPR will be able to provide local EMS and public-health agencies with the identities and addresses of individuals who use electricity-dependent durable medical equipment.

Discussion

Mr. Gabriel pointed out that the emPOWER Map has much more complete data than voluntary registries. Dr. Margolis added that ASPR hopes to incorporate additional databases into the emPOWER Map to capture those who are not covered by Medicare. Ms. Sheil offered to work with ASPR to add Medicaid data to the emPOWER Map. Mr. Gabriel commented that ASPR would also like to incorporate Department of Veterans Affairs data.

Mr. Furth suggested that outages lasting a given amount of time and affecting a given amount of people automatically lead ASPR to communicate with local public-health and EMS agencies. Dr. Gabriel suggested that ASPR discuss this issue with the FCC.

Election of 2016 FICEMS Chair and Vice-Chair

Dr. Brinsfield nominated Mr. Anderson as the new FICEMS chair, Ms. Sheil seconded, the motion carried. Mr. Anderson nominated Dr. Brinsfield as the new FICEMS vice-chair, Mr. Gabriel seconded, and the motion carried.

Public Comment

Mr. Sinclair encouraged FICEMS to identify the likely changes in EMS systems in the future. EMS agencies provide many services that do not involve transportation and therefore are not reimbursable. It is therefore time to change the base funding for EMS, which might require legislative changes. This country's residents continue to live under existential threat, with many people trying to harm other people. Local EMS agencies are called on to respond to these events, and communities need to be prepared to provide effective responses.

Adjourn

The meeting adjourned at 2:45 p.m.